



APPLICATION FOR REPEAT EXAMINATION FOR PHARMACIST LICENSE

State Form 51636 (2-04)

Approved by State Board of Accounts, 2004

Health Professions Bureau
Indiana State Board of Pharmacy
402 W. Washington St., Room W066
Indianapolis, IN 46204
(317) 234-2067

APPLICATION FEE:	
DATE FEE PAID (mo., day, yr.):	
RECEIPT NUMBER:	

APPLICANT
Attach one (1) Passport type
quality
Photograph of yourself taken
within the
Last eight weeks.

* The request for your Social Security number is **MANDATORY** according to IC 4-1-8-1.

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name of applicant (last, first, middle, maiden)	
Social Security number *	E-mail address
Address (number and street or Rural Route)	
City, state, ZIP code	
Telephone number (daytime)	
Name of school	
Date of graduation	Date of last examination

PLEASE CHECK WHICH EXAMINATION YOU WILL BE REPEATING ☐ **NAPLEX** ☐ **MPJE**

FEE and APPLICATION INFORMATION:

- Please submit a \$100.00 fee payable to the Health Professions Bureau along with this application to the Health Professions Bureau, 402 West Washington Street, Room W066, Indianapolis, Indiana 46204.
- If repeating the NAPLEX, please submit the \$430.00 fee payable to the NABP, in the form of a money order, along with the Computerized Examination Registration form, to the NABP, 700 Busse Highway, Park Ridge, Illinois, 60068.
- If repeating the MPJE, please submit the \$170.00 fee payable to the NABP, in the form of a money order, along with the Computerized Examination Registration form, to the NABP, 700 Busse Highway, Park Ridge, Illinois, 60068.

If your answer is “**yes**” to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including location, date and disposition. If malpractice, provide the name of the plaintiff. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to the application.

- 1) Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held in any state (*including Indiana*) or country? ☐ Yes ☐ No
- 2) Have you ever been denied a licensure, registration or certification in any state (*including Indiana*) or country? ☐ Yes ☐ No
- Are there any charges pending against you regarding a violation of any federal, state, or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☐ No
- 3) ☐ Yes ☐ No
- 4) Have you ever been convicted of, pled guilty or nolo contendere to any of the following:
- a. A violation of any federal, state, or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol, or other drugs? ☐ Yes ☐ No
- b. To any offense, misdemeanor or felony in any state? ☐ Yes ☐ No
(*Except for minor violations of traffic laws resulting in fines?*)
- 5) Have you ever been denied staff membership or privileges in any pharmacy or have any privileges been revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations? ☐ Yes ☐ No
- 6) Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☐ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury, that the above statements made in this application including all attachments are true, complete and correct.

Signature of applicant

Date (*month, day, year*)